Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Richmond, Virginia 23233-1485
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DPOR
Department of Professional and Occupational Regulation

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects
ENGINEER VERIFICATION OF EXAMINATION & LICENSURE FORM

➢ Please note that this form is for those who have examinations, designations, or licenses outside of Virginia. If you need information verified and sent to another state, use the *Certification Request Form*.

Name of board providing verification:

Applicant's Name _____
Last   First   Middle   Generation

Provide **one** of the following identifiation numbers*:

☐ *Social Security Number*   *or*   ☐ *Virginia* DMV Control Number

    ➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

    * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the *Virginia* Department of Motor Vehicles.

Applicant's Street Address _____ _____ _____ _____
                                          City   State   Zip Code

I. EXAMINATION

The written examination was prepared by:

☐ NCEES   Please explain any NCEES or Board grade adjustments:

☐ Board

Type of Examination	Hours	Results	Exam Date
Engineer-in-Training			
Professional Engineer			
Exam Option:			

II. LICENSURE, CERTIFICATION, or REGISTRATION

The above-named applicant holds the following license, certification or registration:

Type of License	X	License Number	Date Issued	Expiration Date
Engineer-in-Training	☐			
Professional Engineer	☐			

The applicant qualified for licensure, certification or registration through:

Written Examination ☐
Comity or Reciprocity ☐
    ☐ PE   State: _____
    ☐ EIT   State: _____
    ☐ Other   Explain: _____

Has the applicant been subject to any disciplinary action?

Yes ☐   If yes, attach documentation of findings, sanctions, etc.
No ☐

Verifier's Name _____

Verifier's Title _____   *Apply Board seal here.*

Signature _____   Date _____